

***Application for Certification as a
Professional Appraiser
Under IC 6-1.1-31.7***

FOR _____ COUNTY

Applicant Information

Name of Applicant: _____

Name of Firm: _____ **Telephone: ()** _____

Business Address: _____ **Fax No: ()** _____

_____ **E-Mail:** _____

Personnel

Total Staff: _____ **Level II Assessors/Appraisers:** _____

Designated Contract Supervisors: _____

Experience

Please give a narrative of involvement in past general reassessments; prior contracts; etc.:

*** Attach additional sheets if necessary.**

Other Qualifications

Specify any additional qualifications or benefits that can be provided:

*** Attach additional sheets if necessary.**

Existing Contractual Commitments

Number of existing contracts entered with counties/townships in Indiana related to property assessment activities:

Approximate number of anticipated contracts with counties/townships in Indiana related to property assessment activities:

Applicant's Signature

(Date)

**Submit applications to:
Department of Local Government Finance
100 N. Senate Ave., IGCS N1058
Indianapolis, IN 46204
ATTN: Director of Operations
FAX: (317) 232-8779**

τ SECTION BELOW TO BE COMPLETED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE τ

Certification Application Approved:

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Approval Effective: _____

Certification Application Denied:

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Reason for Denial: _____

DEPARTMENT OF LOCAL GOVERNMENT FINANCE

By: _____, *Director of Operations*